

218319

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 329 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

CLASS E
GARY F. JENKINS
DBA ONE CALL WE HAUL

(Please type or print)

Submitted by: GARY F. JENKINS

Telephone: 803 238-0126

Address: 1158 DOTHAN Rd
Columbia, SC 29210

Fax: _____

Other: _____

Email: CJENKINS@AOL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☒ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate Increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED

JUL 30 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JP/tod

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Date:

7/23/09

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

RICHLAND, LEXINGTON, NEWBERRY

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is _____ . My certificate was revoked/
cancelled on _____ because _____

I am seeking reinstatement because _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ONE CALL WE HAUL - GARY F. JENKINS dba
1158 DOTHAN Rd Columbia SC 29210

Street Address of Applicant

Mailing Address of Applicant if different from street address

803-238-0126

Phone

803-256-3335

FAX

CJENKINS@AOL.COM

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☒ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

HAVE BEEN TICKETED ON 7-22-09

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 7 Year 2009

Assets:

Cash	\$3,500
Receivables	\$800.00
Real Estate	\$8,000
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$3,500.00
Garage Equipment (Net)	
Machinery and Tools (Net)	\$100.00
Supplies on Hand	\$100.00
Prepays and Other Assets	\$700.00
Total Assets	\$16,700
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	\$725.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	\$725.00
Capital Stock	0
Retained Earnings	0
Total Equity	\$8,000
Total Liabilities and Equity	\$61,000 Liabil. 7195 / 8,000 Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

Please
SEE
ATTACH

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

* Richland, Lexington, Newberry

PROPOSED RATES AND CHARGES FOR SERVICES

STANDARD TWO BED ROOM MOVE: WEEKDAY ONLY
(MON,TUE,WED,THUR) \$195.00 PLUS TAX

CONSIST OF : TWO QUEEN SIZED BEDS (OR SMALLER)
WASHER/DRYER
2 NITE STANDS
THREE T.V.'S (NOT LARGER THAN 37")
1 SOFA
1 LOVE SEAT
2 END TABLES
1 DINNING SET 4 CHAIRS
25 MILE TRIP
15 BOXES

ALL OTHER JOBS OUTSIDE OF THIS DESCRIPTION WILL BE QUOTED BY THE
HOUR @ A RATE OF \$80.00 PER HOUR
ALL TRIPS EXCEEDING 25 MILES WILL BE CHARGED A \$25.00 FUEL
CHARGE, THERE AFTER A RATE OF \$1.07 PER MILE WILL APPLY.

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY *
92 Chevy	HICUB	2BCHG31KXN4100648	4800	6,000
1 SEAT FOR PASSENGER				

* Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ _____

Cargo Insurance \$ _____

Limits Quoted (See Below:)

Limits _____

Limits _____

* Attach Certificate of Insurance if available.

PLEASE SEE
ATTACH

Name of Insured

Home Office Address

I am familiar with the Commission's Rules and Regulations
meets the minimum insurance limits prescribed. The insured
South Carolina Department of Insurance to do business in S

e quote
/ the

Date

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**SAULS****Insurance Agency**

4064 Beltline Blvd., Columbia, SC 29204

Phone (803) 256-8983

E-Mail: Susan@SaulsInsurance.com

FAX (803) 256-4226

July 22, 2009

Gary Jenkins
One Call We Haul
fax #256-3335

RE: Commercial Trucking Quote

Dear Gary:

I have attached the Progressive Quote. The total premium is \$2922.00. You will see several payment plans. The policy limits include:

Liability	\$500,000
Uninsured/Underinsured Motorist	\$100,000
Cargo (\$1000 deductible)	\$ 25,000 (minimum)

I will still need your Vehicle ID number to confirm the final price.

Please call me when you are ready to proceed.

Sincerely,

Susan A. Martinez

please visit us at www.SaulsInsurance.com

SAULS INS AGY INC
4064 BELTLINE BLVD
COLUMBIA, SC 29204

GARY JENKINS
DBA: ONE CALL WE HAUL
1158 DOTHAN RD
COLUMBIA, SC 29210

PROGRESSIVE

Underwritten by:
United Financial Casualty Company
July 22, 2009
Policy Period: Jul 23, 2009 - Jul 23, 2010
Page 1 of 2

Customer Phone number: 1-803-238-0126

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from United Financial Casualty Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Trucking For-Hire
Sub business type: Household Movers

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$2,922.00
Paid in full discount	-269.00
Policy premium if paid in full	\$2,653.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 16.67% Down	\$2,922.00	\$530.43	10 payments of \$240.16

Make payments by mail or at progressiveagent.com. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$2,922.00	\$626.00	9 payments of \$260.12
10 Payments, 25.0% Down	\$2,922.00	\$769.50	9 payments of \$244.17
1 Payment	\$2,653.00	\$2,653.00	None
4 Payments, 25% Down	\$2,922.00	\$769.50	3 payments of \$722.50
OPF	\$2,922.00	\$2,922.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at 1-803-256-8983. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

GARY JENKINS

Page 2 of 2

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
GARY JENKINS	38	Single	0	

Outline of coverage**Auto coverage part**

Description	Limits	Deductible	Premium
Liability To Others			\$1,842
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist			80
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			90
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	

Subtotal policy premium**\$2,870****Motor Truck Cargo coverage part**

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$1000	\$858
Subtotal policy premium			\$858
State Cargo (Form H) Filing Fee			25
PUC Filing Fee			25
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium			\$2,922

Rated commodities

1. Other Consumer Goods

Auto coverage schedule

1. **1992 Chevrolet BOX VAN** Stated Amount:
 VIN: Garaging Zip Code: 29201 Territory: 9 Radius: 200 miles
 Personal use: N Body type: Step Van Use class: H

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	Auto Total
	\$1842	\$66	\$86	\$14	\$4	\$2,012

Form QTE (05/08)

Exhibit FWA

Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes

☒ No

☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory

☐ Conditional

☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes

☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes

☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

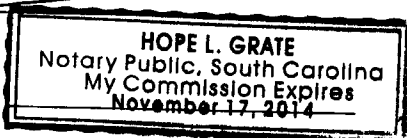
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME

This 27th day of July, 2009

Notary Public

Commission Expires



[Signature]
Applicant's Signature

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Richland

[Signature]
Applicant's Signature

I, [Signature]

Name of Applicant's Representative

Title

of [Signature]

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 27th day of July, 2009

Notary Public

Commission Expires

HOPE L. GRATE
Notary Public, South Carolina
My Commission Expires
November 17, 2014

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Gary F. JENKINS
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

This APPLIES TO ME

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, GARY F. JENKINS, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 27 day of JULY, 2009

Notary Public

Commission Expires

HOPE L. GRATE
Notary Public, South Carolina
My Commission Expires
November 17, 2014

[Signature]
Applicant's Signature

Print Application